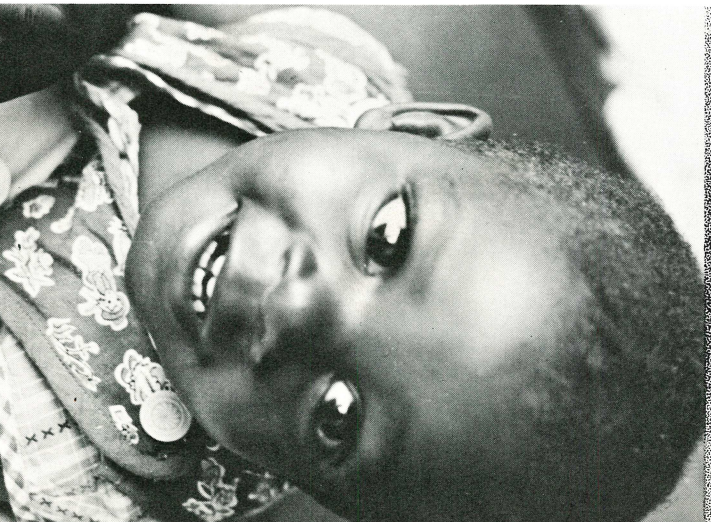
medical missionary

fall 1969



A HEALING PRESENCE IN

MARACAIBO, VENEZUELA

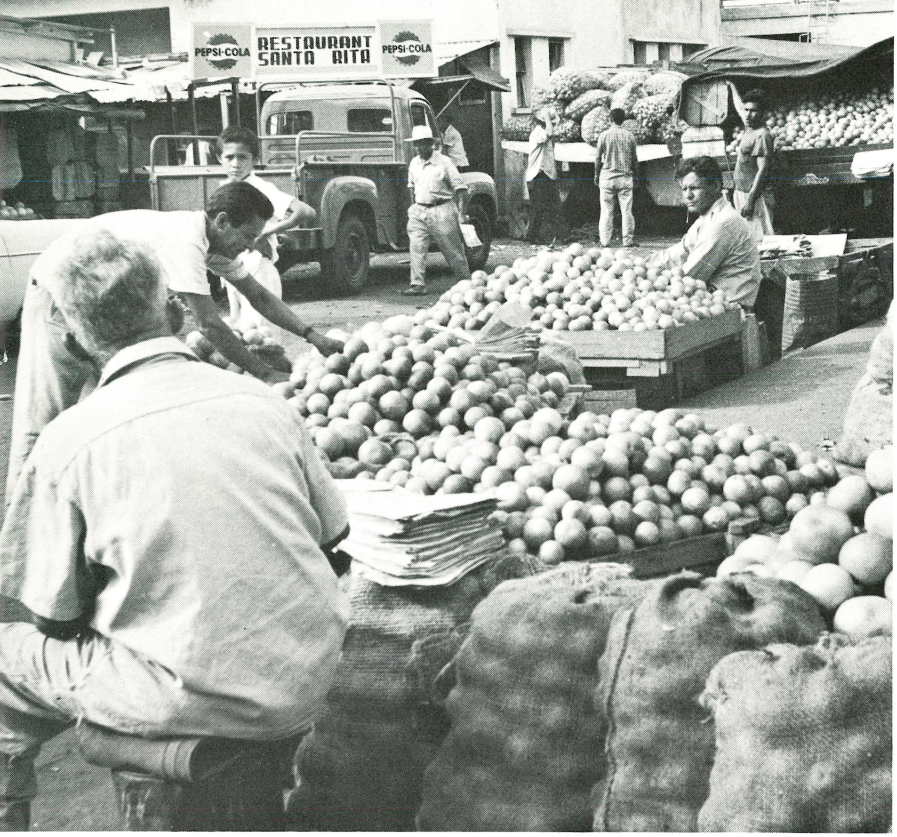
Today not many people believe in institutions. Cumbersome, traditional, rigid—these connotations give the concept little credibility. Who wants his personal delicacy and creativity crushed in the overwhelming, mechanistic functioning of an institution? Hospitals are institutions. The Medical Mission Sisters operate hospitals. Yet we prefer to take a stand against this growing tide of disfavor and present to you a different kind of institution:
COROMOTO HOSPITAL, MARACAIBO

The Medical Missionary is published quarterly with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: 1 Yr. $2.00; 2 Yrs. $3.00. 2nd Class postage paid at Philadelphia, Pa. Form 3579 Medical Mission Sisters, Philadelphia, Pa. 19111

An institution can be more than brick and plaster, time clocks and statistics. It can be a living, generative presence that heals bodies, challenges minds, captivates hearts. Vibrant with a vision of the future, it can intuit the need for social change within the cultural milieu around it and then engage itself in active dialogue with men of leadership for the progress of the whole people. An institution can have a spirit and a drive of its own, to expand and regenerate itself constantly, according to the depth of the human need and suffering it encounters. An institution is PEOPLE. No more, no less. It is the doctor, the nurse, the X-ray technician. It is the cook, the ambulance driver, the ward clerk. It is the man with terminal cancer, the young woman in labor, the child learning to walk in a cast, the elderly lady with the broken hip in the emergency room. Far from crushing individual initiative, the creative institution calls it forth and develops it. Coromoto is this kind of institution . . . present, pulsating, pregnant . . . with people.

They come from all over the city of Maracaibo, these people who *are* Coromoto.

Gatherers of salt . . .

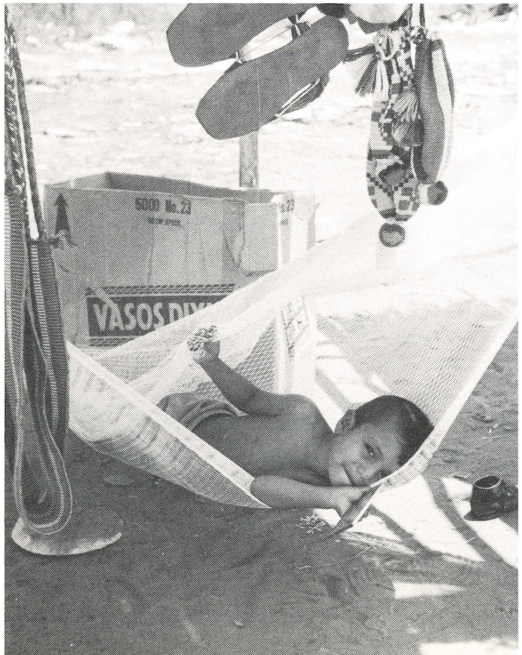


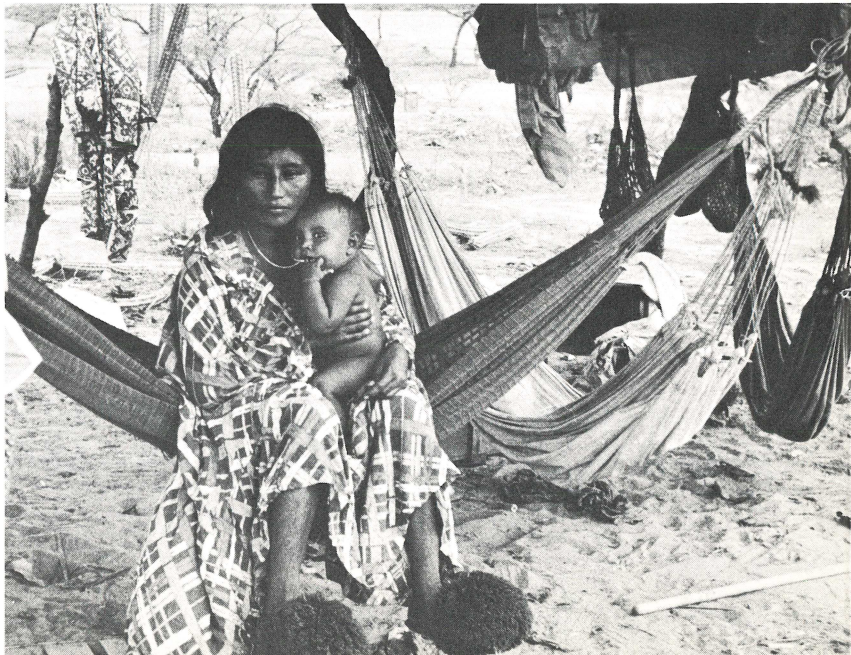
Men in the market place . . .

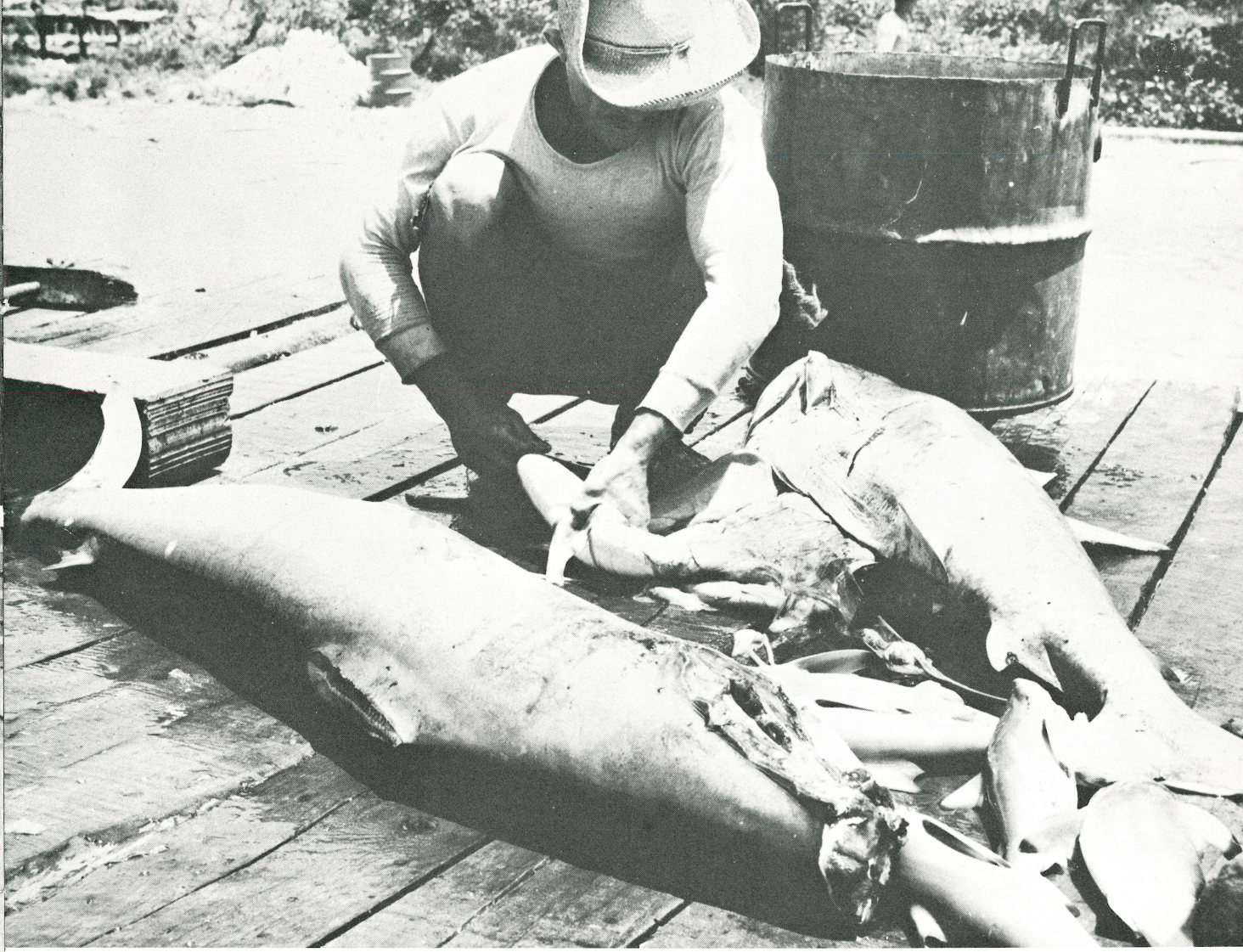
University students . . .

A group of musicians . . .

Guajira Indians . . .





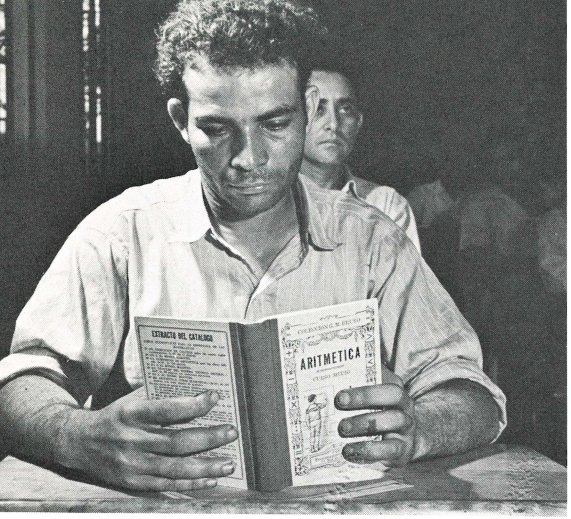


Fishermen . . .

Children in a barrio . . .

A mother and her child . . .

An old woman . . .



A thirst for learning . . .
Preparing for a future and a home of her own . . .

A father and his son.

People come to Coromoto to become part of her—to be made whole through her. And it is people who do the healing . . . creatively . . . together. The efforts are legion:

A ten month course in human relations is being conducted for interested employees.

Weekly conferences alert medical students to the varied medical-social aspects of health care.

Employees have an opportunity to complete their primary education—and in the near future, high school—after work hours in the hospital.

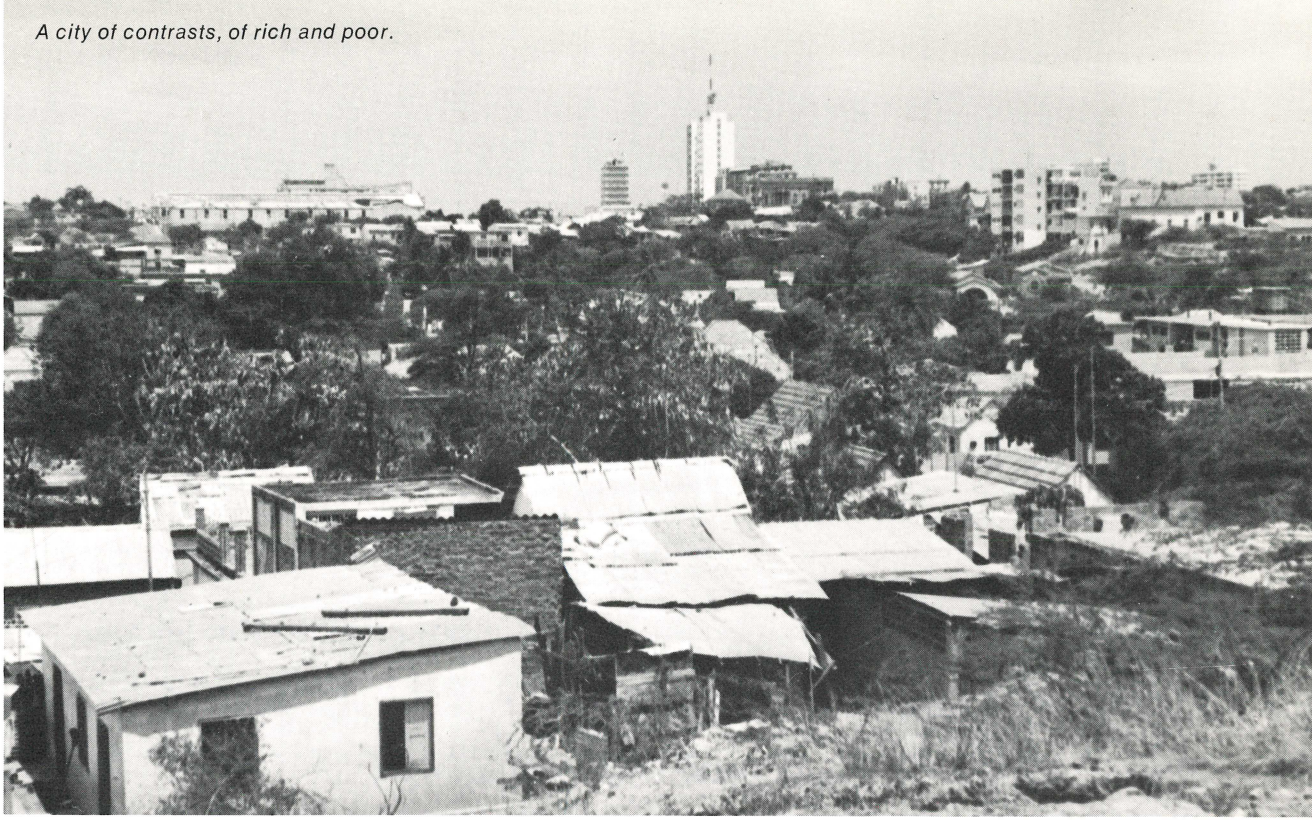
A cooperative encourages financial planning among employees and contributes to a more secure familial and social life.

A bilingual group of volunteers, made up of women desiring a meaningful way to give, offers many additional services for the patients and their families.

Administrative decisions at Coromoto incorporate all disciplines to arrive at the best possible course of action.

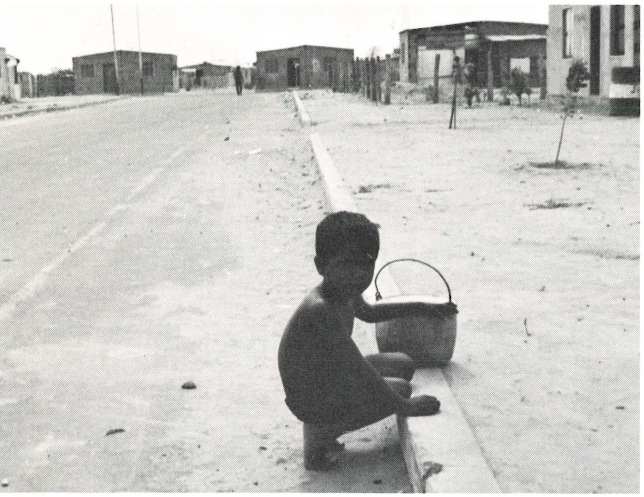
A home care program continues treatment of a patient in his home while educating the whole family in basic health attitudes.

A study is underway for a proposed emergency psychiatric clinic for the people of Maracaibo and the possible inclusion of a short term psychiatric unit into the hospital.



A city of contrasts, of rich and poor.

Public health work in the *barrios* will take a mobile clinic team of doctor, nurse, receptionist-technologist, social worker and audio-visual instructor to the deprived areas of the city—the people who live in ramshackle huts on the side of a hill or in clapboard shelters built on stilts over Lake Maracaibo. The aims are to meet immediate medical needs and to initiate a program of health education to prevent the recurrence of disease. The execution of this project is the cooperative effort of Coromoto Hospital and other development agencies.



Some of the little people in El Marite barrio.

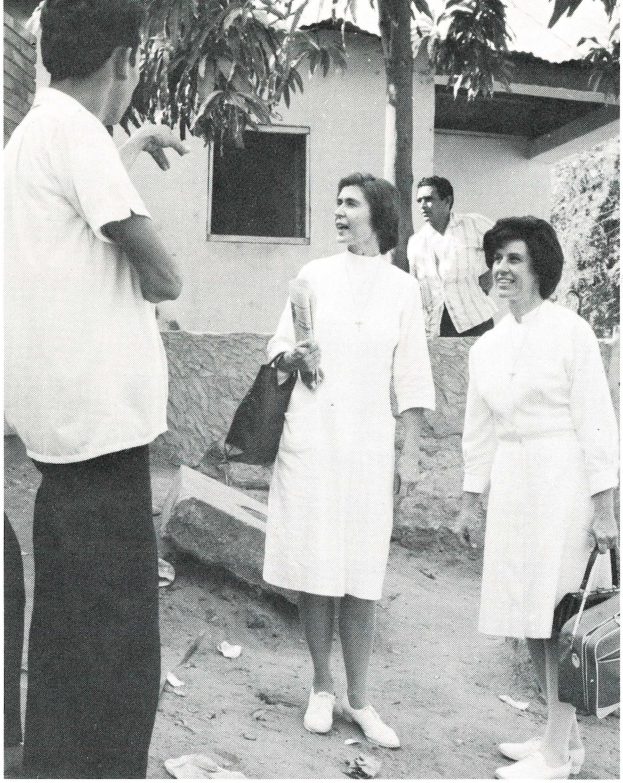
In the Santa Rosa barrio, houses on stilts hover over the waters of Lake Maracaibo.

A section of town called "Old Maracaibo."

A home industry project is being organized to restore personal dignity and familial security through handcrafts done in the home. The program focuses on the problem of unemployment in the Maracaibo area. Women who are trying to raise their children alone or with the sporadic help of frequently changing mates will learn how to make items of interest to tourists. Work will be done in the home and then sold through a cooperative effort. Each participant will receive a share of the total profit.

An important part of the work in Maracaibo is in the field of nursing education. In an effort to prepare adequately trained nursing personnel, the Medical Mission Sisters cooperated in establishing the first degree program in nursing in Venezuela. The four year baccalaureate program at the University of Zulia has a current enrollment of 96 students. Sister Juanita Ortega was the first directress of the school. In November (1969), the first eight graduates made history in Venezuela.

Earlier this year Sister Patricia Gootee, the only person with a Master's degree in nursing in all of Venezuela, collaborated in teaching a six-month course in Administration and Supervision for nurses from hospitals of the Ministry of Health.



Sisters Anton Preibis and Mary Ann Amann ask directions in locating a home.

The Medical Mission Sisters have administered Coromoto from the beginning when they leased the hospital from Creole Petroleum Corporation in 1951. The Sisters believe in Coromoto, in the people who make it a vital reality. Public Health work . . . laboratory technology . . . surgery . . . post-operative care . . . so much demands that they be available at all times. But there is more to life and work in Maracaibo than the immediate job to be done. Those Sisters who are working in Coromoto, or at the University, or in other hospitals in the city, feel that treating patients and employees with dignity and concern is a notable feature in an area of developing professions.

Sister Mary Ann Amann and a patient.

Sister Juanita Ortega checks out a family on clinic day at El Marite barrio.

Sister Juanita lends a helping hand.

Flowers for the new administrator, Sister Carol Bilsborough.

Beyond the professional demands for health service, the Sisters engage in making Maracaibo their home. Cooking . . . gardening . . . marketing . . . meetings . . . parish activities . . . relaxing . . . It is the bond of life shared together that creates the zest for living so important to people called to heal.

Sister Nancy Levesque takes her turn as cook.

VICTORIA

The apartment is often invaded by the vivacious young set, here to chat with Sister Theresa Jaramillo.

Sisters Anton, Mary Ann and Patricia spend a quiet evening at home.

A ferry takes Sister Nancy across the Rio Lemon.

Sister Patricia Gootee searches for shells . . .

. . . and the neighbor's cat.

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Photo Credits:
Panorama Press, Maracaibo: pp. 4, 5, 7, 8, 9 (left), 10 (rt.), 20-21.
Pierre-Andre Pittet: p. 6 (bottom rt.).
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Cover Photos:
Sister Teresa Evers

Next Issue:
Young, international, involved.

A marvel of modern engineering, the 5½-mile bridge across Lake Maracaibo is the world's longest of its type.

The creative institution is a bridge . . . the link between the past and the future in a sturdy, determined present. Coromoto offers a new approach to healing and progress, spanning a distance no one has crossed before: that definite but unexplored connection between medical need and the social and economic conditions that generate and sustain it. It is a people-to-people event. Coromoto points with hope to a new way of life for the poor and the sick of Maracaibo, a life that is rich and meaningful because it is human and whole.

NEWS CAPSULES

■ Sister Maria Gracia Navata, nurse and experienced midwife, is engaged in the Philippine Rural Reconstruction Movement. PRRM's program is a four-fold approach toward literacy, health, improved means of livelihood, and self-determination for the rural 85% of the population.

■ The Bihar State meeting for the Coordination of Voluntary Health Services was held at Buxar, Bihar, India, on July 11th (1969). This three-day conference was the first of its kind on a State level. Its aim was to coordinate all voluntary health services and to cooperate with the government for comprehensive health care. Sister Carol Huss was elected Convenor of the committee which will draw up a constitution and by-laws for presentation at the next annual assembly. This committee will act for the Association until the election of officers at the annual assembly meeting.

■ On June 3rd (1969) our work in Mundakayam, South India, was expanded to include a dispensary at Meloram. When the doctor and Sisters arrived, they found a large crowd waiting for them in the pouring rain.

■ Holy Family Hospitals in Techiman and Berekum, Ghana, are expanding in the field of preventive medicine. Typhoid inoculations to more than 3,000 students in the Berekum schools have been so effective that not a single school child from Berekum has been admitted to the hospital with this disease. Holy Family Hospital, Techiman, has received a $37,000 grant from the United States to purchase the Landrover and pay the salary of the doctor needed to extend their trekwork.

■ Sisters Joan Marie Doud and Jude Marie Garbaccio represented the Medical Mission Sisters at the April 23rd (1969) pastoral meeting of the Fort Portal, Uganda, diocese. The meeting featured preliminary workshop sessions regarding the proposed Sisters' zone. The purpose of the erection of zones in the diocese is to utilize all available "manpower" to the best advantage to alleviate the shortage of priests.

■ Sister Anne Sales spent six months in mission training at the Anglican Church's Selly Oak College, Birmingham, England. Sister lived, worked and studied with students of 21 nationalities and a variety of denominations and creeds.

■ In Solo, Djawa, Indonesia, collaboration with the Protestant mission clinic has been made more concrete by the opening of an Outpatient Department for which both the Protestant and Catholic clinics are responsible.

■ More than 3,000 youngsters applied when Holy Family Hospital, Berekum, Ghana, advertised its new course for Enrolled Nurses. It was a hard task to separate out 18 students, all the school can accommodate at present.

■ Mutual understanding and cooperation continue to grow in Malawi. The doctors of the government hospital in Mlanje, the Scotch Presbyterian Mission in Ulongwe and the Phalombe hospital have agreed to divide the Mlanje district among them for supervision of the many small clinics and for upgrading the African staff.

STRENGTHEN YOUR **WILL POWER**

Love is stronger than death. Your legacy, large or small, will continue your charity and concern for the needy and suffering through the work of the Medical Mission Sisters.

These medical professionals serve, train, heal in hospitals, mobile clinics, leprosaria and training schools around the world.

Your gift can be in the form of a living trust now or as a bequest of life insurance, jewelry, securities, or real estate, as well as other forms.

Our legal name is: THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC.

Your bequest, legacy, gift is tax deductible.

__I want to share in the prevention and relief of suffering around the world. I am including the Medical Mission Sisters in my will. $_____

__Realizing the great need, I want to begin my help immediately with the enclosed contribution. $_____

__Please send me more information about the Medical Mission Sisters.

__ Send me_____extra copies of "Will Power" to give to my friends.

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__I ask that you pray for me and my loved ones.

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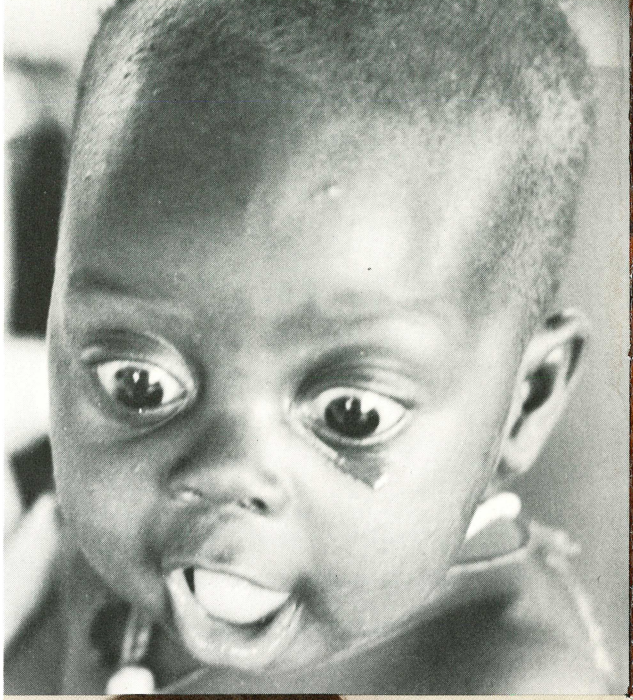
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